

LHD OPEN LINE CALL

JUNE 18, 2008

Meeting Summary:

- I. Terri Adams (VFC Coordinator), led the call and took roll call. Jan Teltow (Macomb) requested that we send minutes and documents out a day ahead of the call to help LHDs prepare for the call. MDCH agreed and will attempt to do better. LHDs appreciate the minutes being sent out after the call
- II. VFC update
 - A. Terri Asked group for comments on the new "VFC Tip Sheet: LHD Documents to Submit Guide". She stated this tip sheet had been sent out with the last meeting minutes this am for review.
 - B. Terri added that these are program minimum requirements. LHDs may choose to collect inventory reports and temperature logs monthly if desired.
 - C. Terri stated provider temperature logs must be kept at the provider level for three years. Providers submit temp logs to LHDs-MDCH does not need provider temperature logs sent to MDCH with private provider orders.
 - D. Question: Do LHDs have to send orders and supporting documentation by the "first of the month"? Answer: LHDs have up to the 15th of the month to submit orders for July, August, and September 2008.
 - E. Response from Counties: Thanks for the VFC Tip Sheet. It is "great"
 - F. Question: Do you have to send a depot ending inventory report? Answer: Yes, LHDs need to send a clinic ending inventory report and a depot ending inventory report once on the new VIM.

- G. Terri discussed that some counties have asked how to handle inventory at special outreach clinics. Answer: If there is ample storage space in the refrigeration unit, have the inventory assigned to that clinic under their VFC PIN and MCIR ID. Create and use that inventory, deduct doses from that inventory. This would eliminate the need to transfer in and out of inventories, and would allow the LHD to run reports on the clinic. Vaccine would be kept at the proper storage site in its own tray, clearly marked to be used for that clinic only.
- H. Question from (Wayne County): Wouldn't that be a potential vaccine storage and handling issue if the same vaccine is making frequent excursions to the satellite clinic? Answer: Vaccine should be monitored and kept within appropriate temperature range during transport. Another option is to transfer inventory each time you conduct a clinic and then transfer back into inventory.

Added Note: Short cut to this option: Take out vaccine supply to be used at this rare special clinic, count before clinic begins, administer and count what is left in supply. Back at main inventory site, transfer out to the special clinic the exact number of doses given at special clinic for each antigen, transfer into the special inventory those exact doses. Enter doses into MCIR for special clinic under its assigned VFC PIN # and MCIR ID. Should balance inventory to 0 (zero) for what was administered at the special clinic. No need to mark any unused doses as out or in with either inventory. This is only approved for LHDs, this practice is not allowed for providers.

III. MCIR update

- A. Terri reviewed the issue with Medicaid and Adults: This issue was discussed at the MCIR state meeting. There is a request to the programmers to add Medicaid Non-VFC, in addition to Medicaid VFC, for an eligibility drop down in MCIR. This could be used for any patient who has Medicaid and is using private inventory for-PPD, adults, etc. This change should happen soon. Programmers

are being taken off e-ordering temporarily to make this change. Bea Salada, (MCIR Coordinator), Discussed placement and order of Medicaid non-VFC-Should it come after Medicaid VFC or should it be listed lower in the eligibility list? Recommendations are that it should be listed after the other VFC categories, and below private pay vaccines. Bea agreed to have the Medicaid Non VFC selection placed under private pay in the drop down list. Therese Hoyle, (Consultant for MCIR COD) discussed that this will require a new code for transfer to MCIR.

- B. Question from (Macomb): Do other LHDs put PPDs (TB skin tests) in MCIR? Answer: Some do. Providers had requested that the screening date be added to MCIR-at this time, results cannot be recorded in MCIR. As we move toward more child health integration, this may be added. Ingham County adds PPDs in MCIR to track their employees.

Question regarding the LWB, do we have to balance it? MCIR will tally up both sides and keep a running balance. LHD can physically move private and public doses in the storage unit, but not in the MCIR. MCIR will balance it later by eligibility once we get e-ordering up in MCIR.

IV. Sharing update

- A. Barb Wolicki (Immunization Nurse Educator), Reminder INE meeting tomorrow. New VFC module has been developed and will be shared with INEs.. This module will also be sent to all IAPs. The VFC module will be updated often and will be sent via email. This module may help with provider meetings, and may be used for provider presentations. If there are any questions about the the content in the module, please contact Barb Wolicki at wolickib@michigan.gov:
- B. Pat Vranesich (Section Manager), reported that there will be a flyer added to McKesson shipments that promote the Immunization Update from CDC on August 28. This method of distribution will be evaluated by CDC.

Questions during the call:

Q1: Therese Hoyle, Are the McKesson shipping files going into inventory without errors?

A1: Connie Garn, (VFC Data Entry Clerk), No errors since Monday.

Q2: Jan Arsenault (Wayne), We received another order from McKesson that had "1" instead of "1, 000" on the packing list?

A2: Terri Please fax the packing list to MDCH. Reminded LHDs to always contact VFC with shipping issues to get them tracked and corrected by McKesson.

Q3: Jan Teltow, (Macomb) Can you define human error on the vaccine loss report?

A3: Terri, Left on counter, dropped, are examples. Anything that will not fit into another option and it was caused by a human error, select human error.

Q4: Mary Wisinski (Kent) Can a county ask that vaccine losses be sent to them to return to McKesson? Many errors have been identified in loss reports-LHDs have to frequently help provider correct the loss report

A4: Terri, Yes, they may if the LHD agrees to handle that workload.

Q5: Jan Teltow (Macomb), Can a county use their own letters to providers on vaccine losses?

A5: Terri, Yes. A county can maintain their own process on handling losses.

Q6: Kathy Webster (Washtenaw), How will MDCH handle a provider who has been suspended from ordering vaccine and then goes to another county to get vaccine?

A6: Terri, We need to continue to work on this. The LHD is the key to our vaccine loss policy. The policy is currently being reviewed by MDCH.

Next open call: June 25, 2008 at 10 AM.

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